

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/24/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>61889</i>	<i>8/29/00</i>
FORMALITY REVIEW	<i>BN</i>		<i>8/28/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
☐ Non-elected  
☐ Interference  
☐ Appeal  
☐ Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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APPLICATION N  
09/63953

Klaus H

Current  
transad

TITLE

ORIG

CLASS

705

INTERNATION

606F1

☐ TERMINAL  
DISCLAIMER

☐ The term of  
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has been disclaim

☐ The term of  
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**WARNING:**

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Form PTO-436A  
(Rev. 8/99)